

closures as a *reasonable medical practitioner* would make under the same or similar circumstances.

(a) Such disclosures should include the *commonly known dangers* which a patient cannot be expected to know.

(b) Such disclosures should include the *significant* or possibly *serious* or *more probable* consequences inherent in the operation or treatment, or collateral hazards.

In order to help eliminate misunderstandings and to guard against the frailness of human memory, it is suggested that in dangerous, complicated and unusual procedures a written consent form be obtained by the physician from the patient. (As an appendix to this article, there will be found a suggested consent form which covers the essential elements of an informed consent alluded to by the courts.)

The attending physician should obtain from the patient, parent or guardian (except in unusual situations such as an unconscious person), consent to operate or treat. Most hospitals require that patients on admission sign a statement that they have given their consent to the attending physician to perform a treatment or an operation. This is a record required by the hospital. It is not a physician's record of the consent he obtained nor is it a substitute for such a consent. In emergency situations where the patient is unconscious and where more extensive surgery was necessarily done than contemplated, it is recommended that the facts be explained to the patient when he is sufficiently recovered to understand and a notation be made in the hospital's and physician's records of the discussion and the patient's ratification.

CONSENT TO OPERATION, ANESTHETICS, AND OTHER MEDICAL SERVICES

Date_____Time_____A.M.
P.M.

1. I authorize the performance upon _____
(Myself or name of patient)

of the following operation _____
(State nature and extent of operation)

to be performed under the direction of Dr. _____.

2. I consent to the performance of operations and procedures in addition to or different from those now contemplated, whether or not arising from presently unforeseen conditions, which the above-named doctor or his associates or assistants may consider necessary or advisable in the course of the operation.

3. I consent to the administration of such anesthetics as may be considered necessary or advisable by the physician responsible for this service, with the exception of

(State "none," "spinal anesthesia," etc.)

4. I consent to the photographing or televising of the operations or procedures to be performed, including any appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures or by descriptive texts accompanying them.

5. For the purpose of advancing medical education, I consent to the admittance of observers to the operating room.

6. I consent to the disposal by hospital authorities of any tissues or parts which may be removed.

7. I am aware that sterility may result from this operation. I know that a sterile person is incapable of becoming a parent.

8. The nature and purpose of the operation, possible alternative methods of treatment, the risks involved, and the possibility of complications have been fully explained to me. No guarantee or assurance has been given by anyone as to the results that may be obtained.

(CROSS OUT PARAGRAPHS ABOVE WHICH DO NOT APPLY)

Signed _____
(Patient or person authorized to consent for patient)

Witness _____

Letters to the Editor...

An Item of Socialism

ONE GETS TIRED of reading so much in our publications about the threat of socialized medicine. And from time to time we receive invitations to join this or that organization for the purpose of combating socialized medicine. At the same time, we are accused by the lay people of being a selfish, mercenary group. It seems to me we give them reason for feeling so, by harping continually to them about the one particular part of the advancing socializing process which particularly affects us as doctors.

Isn't it obvious that if we are to have (more) socialism we, as doctors, certainly will be social-

ized, along with everyone and everything else? Conversely, if we can prevent *socialism* we will not have socialized medicine.

Therefore, why don't we stop expending our efforts as a small, ineffective, and possibly unliked group, and instead of speaking as doctors against socialized medicine, speak out as Americans against *socialism*, preferably adding our voices to those of other patriotic Americans? It seems to me that our present methods, besides being costly and ineffective, defeat our purpose and may be partially responsible for our "sagging image."

ARTHUR A. MICKEL, M.D.

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